

**Department of Computer Science & Electrical Engineering**

**COURSE EQUIVALENCY REQUEST FORM**

**(For Ph.D. Students Only)**

**To: GRADUATE PROGRAM DIRECTOR**

**Program: CMPE\_\_\_\_\_ CMSC \_\_\_\_ ENEE \_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I request to transfer the following course(s) taken at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name of University(s)**

**to UMBC as follows:**

**Course Number UMBC Equivalent**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**=====================================================================================**

**FOR GRADUATE PROGRAM DIRECTOR’S USE ONLY:**

**Approved All \_\_\_\_\_\_\_\_\_\_\_ Approved Partial (Number or Credits approved) \_\_\_\_\_\_\_\_\_ Not Approved \_\_\_\_\_\_\_\_\_\_\_\_**

**Graduate Program Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Revised by Keara Fliggins: June 2018***